

FY 2025 Budget Performance Review

52500-State Board of Osteopathic Exam

Version Original
Lead Administrator: Katie Templeton, J.D.

Date submitted XX/XX/XXXX
Lead Financial Officer: Kelsey Devinney

Agency Mission

To protect the public by regulating the practice of osteopathic medicine in the State of Oklahoma through education and licensing to ensure that each licensee practices osteopathic medicine within the provisions of the Osteopathic Medicine Act.

Division and Program Descriptions

Note: Please define any acronyms used in program descriptions.

FY'24 Budgeted Department Funding By Source

1. Please describe source of Local funding not included in other categories:

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2. Please describe source(s) and % of total of "Other" funding if applicable for each department:

FY'23 Carryover by Funding Source

Class Fund #	Carryover Class Fund Name	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
							\$0 \$0 \$0 \$0

1. Please describe source of Local funding not included in other categories:

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2. Please describe source(s) and % of total of "Other" funding if applicable:

What changes did the agency make between FY'23 and FY'24?

1.) Are there any services no longer provided because of budget cuts?

No

2.) What services are provided at a higher cost to the user?

3.) What services are still provided but with a slower response rate?

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4.) Did the agency provide any pay raises that were not legislatively/statutorily required?

required?

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FY'25 Requested Funding By Department and Source

1. Please describe source(s) and % of total of "Other" funding for each department:

FY'25 Top Five Operational Appropriation Funding Requests

Request by Priority	Request Description	Appropriation Request Amount (\$)
Request 1: N/A		
Request 2:		
Request 3:		
Request 4:		
Request 5:		
	Top Five Request Subtotal:	\$0
Total Increase above FY-24 Budget (including all requests)	\$	-
Difference between Top Five requests and total requests:	\$	\$0
Does the agency have any costs associated with the Pathfinder retirement system and federal employees?		
No		

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No

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Is the agency seeking any fee increases for FY '25?

No	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1		
Increase 2		
Increase 3		

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

Description of request in order of priority	None	Appropriated Amount (\$)	Submitted to LRPCP? (Yes/No)
Priority 1			
Priority 2			
Priority 3			

Federal Funds

CFDA	Federal Program Name	Agency Dept. #	FY 24 budgeted	FY 23	FY 22	FY 21	FY 20

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FY 2024 Current Employee Telework Summary

List each agency location, then report the number of employees associated with that location in the teleworking categories indicated. Use "No specified location" to account for remote employees not associated with a site. Use actual current employees (headcount), not budgeted or actual FTE.